

EC, 7 050-1 20

WATER WELL REPORT
STATE OF WASHINGTON32/03-19C
Application No.

Permit No.

(1) **OWNER:** Name New Utsalady Water System Inc. Address P O Box 657 Stanwood Wa. 98292
 (2) **LOCATION OF WELL:** County Island — N.E. 1/4 N.W. 1/4 Sec. 19 T. 32 N. R. 3 W.M.
 Bearing and distance from section or subdivision corner

(3) **PROPOSED USE:** Domestic ☒ Industrial ☐ Municipal ☐
 Irrigation ☐ Test Well ☐ Other ☒

(4) **TYPE OF WORK:** Owner's number of well (if more than one) _____
 New well ☒ Method: Dug ☐ Bored ☐
 Deepened ☐ Cable ☐ Driven ☐
 Reconditioned ☐ Rotary ☒ Jetted ☐

(5) **DIMENSIONS:** Diameter of well 6 inches.
 Drilled 120 ft. Depth of completed well 125 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6 " Diam. from 0 ft. to 120 ft.
 Threaded ☐ " Diam. from _____ ft. to _____ ft.
 Welded ☒ " Diam. from _____ ft. to _____ ft.

Perforations: Yes ☐ No ☒

Type of perforator used _____ in. by _____ in.
 SIZE of perforations _____ in. by _____ in.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.

Screens: Yes ☒ No ☐

Manufacturer's Name JOHNSON
 Type SS Model No. _____
 Diam. 5 1/2 Slot size #5 from 120 ft. to 125 ft.
 Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel packed: Yes ☐ No ☒ Size of gravel: _____
 Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes ☒ No ☐ To what depth? 18 ft.
 Material used in seal BENTONITE
 Did any strata contain unusable water? Yes ☐ No ☒
 Type of water? _____ Depth of strata _____
 Method of sealing strata off _____

(7) **PUMP:** Manufacturer's Name _____ H.P. _____
 Type: _____

(8) **WATER LEVELS:** Land-surface elevation _____ ft.
 Static level 73 ft. below top of well Date 6-15-87
 Artesian pressure _____ lbs. per square inch Date _____
 Artesian water is controlled by _____ (Cap, valve, etc.)

(9) **WELL TESTS:** Drawdown is amount water level is lowered below static level.
 Was a pump test made? Yes ☒ No ☐ If yes, by whom D.P. & D. 11/2
 Yield: 72 gal/min. with 13 ft. drawdown after 4 hrs.

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level
1 Minute	76.13				
5 Minutes	75.18				

Date of test 5/1/87
 Air Bather test 50 gal/min. with 30 ft. drawdown after _____ hrs.

Artesian flow _____ g.p.m. Date _____
 Temperature of water _____ Was a chemical analysis made? Yes ☒ No ☐

(10) WELL LOG:

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
Sand Gravel	0	110
Sand & Water	110	118
Gravel & Water	118	125
Greenish Blue Clay	125	130

Work started 6-12- 1987 Completed 6-15- 1987

WELL DRILLER'S STATEMENT:

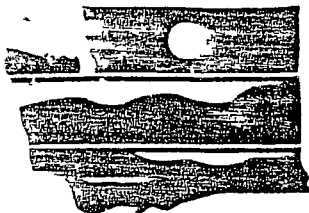
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME Dahlman Pump & Well Drilling Inc.
 (Person, firm, or corporation) (Type or print)

Address P O Box 422 Burlington Wa. 98233

[Signed] [Signature] (Well Driller)

License No. 0623 Date 6-15- 1987



WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

Well Tagging Form

LARGE P.14

03

Unique Well Tag No: _____

AGA 702

592000

RECORD VERIFICATION (check one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

[Handwritten signature]

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name _____ Last Name _____

Street Address _____

City _____ State _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address _____ END OF PUESTA DEL SOL

City _____ County _____

T _____ N R _____ W M Sec _____ 1/4 of the _____

FOR AGENCY USE ONLY

Latitude _____

Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

☐ Location marked on topographic map (please attach)

☐ Location marked on air photo (please attach)

State Health

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size or casing type or well housing etc)

2" CASING INSIDE CINDER BLOCK HOUSE W/ LABELED EXIF.
ADJ TO SKL #2 AND RES AND WITHIN
CYCLONE FENCE W/ GREEN SUATS

Location or Well Identification Tag

W2012

Is supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

Where was tag placed?

C	B	A
F	G	H
L	K	J
P	Q	R

Scale 1 24 000 (1" = 2 000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION _____

REMARKS

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Right # _____

Date Issued _____

One Application Permit Certificate Claim Exempt